



42-045-00070
PA000293037

Monroe Energy, LLC

**4101 Post Road
Trainer, PA 19061**

Erin Willard

March 4, 2019

Mr. James Rebarchak
Regional Manager - Air Quality
Commonwealth of Pennsylvania
Pennsylvania Department of Environmental Protection
2 East Main St.
Norristown, PA 19401

MAR 07 2019

**RE: Monroe Energy -- Trainer Refinery
Storage Tank 21T1 (PADEP ID 138A) AST System Closure Notification Form**

Dear Mr. Rebarchak:

Chemical Storage Tank 21T1 (PADEP ID 138A) has been removed from service.

Should you have any questions regarding this notification, please contact me at (610) 364-8073.

Sincerely,

Stephani Ski Szymanski, M.S.
Environmental Engineer
Storage Tank Compliance
Monroe Energy Trainer Refinery
4101 Post Road
Trainer, PA, 19061

Attachment: Tank 21T1 (PADEP ID 138A) AST Tank System Closure Notification Form

Cc:

U.S. EPA, Region III
Director, Air Protection Division
Mail Code 3AP00
1650 Arch Street
Philadelphia, PA 19103-2029




pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF ENVIRONMENTAL CLEANUP AND BROWNFIELDS

DATE RECEIVED: _____

ABOVEGROUND STORAGE TANK SYSTEM CLOSURE NOTIFICATION FORM

NOTE: Notification of permanent closure must be received by the appropriate regional office of the Department at least 30 days prior to initiation of the closure activities.

I. Owner of Tank System			
Owner Name MONROE ENERGY TRAINER REFINERY			
Street Address 4101 POST ROAD		Phone Number (610) 364-8000	
City TRAINER	State PA	Zip Code 19061	
II. Location of Tank System			
Facility Name SAME AS ABOVE		Facility Identification Number 23-41511	
Street Address	City	State PA	Zip Code
Municipality	County DELAWARE		
Contact Person STEPHANI SZYMANSKI		Phone Number (610) 364-8073	
III. Month/Day/Year of Proposed Closure <u>03 / 04 / 2019</u>			
IV. Certified Installer/Company Performing Tank Handling Activities			
Certified Installer Name NA		Installer Certification Number	
Street Address		Phone Number ()	
City	State	Zip Code	
Certified Company Name		Company Certification Number	
V. Contractor/Individual Performing Site Assessment Activities			
Name of Contractor or Individual NA			
Street Address		Phone Number ()	
City	State	Zip Code	
VI. Description of Aboveground Storage Tank Systems (See reverse side of form)			
VII. Will this closure involve replacement of at least one old tank with a new tank?			
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
VIII. Signature of Tank System Owner 		Date 3/4/2019	

VI. Description of Aboveground Storage Tank System (Complete for each tank undergoing closure)				
Tank Registration Number		138A		
Estimated Total Capacity (Gallons)		4000		
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	a. Petroleum			
	Unleaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aviation Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diesel Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	New Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Used Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other, Please Specify			
b. Hazardous Substance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Principal	TRIBUTYL AMINE			
CERCLA Substance	NA			
AND				
Chemical Abstract Service (CAS) No.	NA			
	102-82-9			
c. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proposed Closure Method (Check Only One)	a. Removal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-In-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial System Closure (Yes or No)				
Tank Registration Number				
Estimated Total Capacity (Gallons)				
Substance(s) Stored Throughout Operating Life of Tank (Check All That Apply)	a. Petroleum			
	Unleaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Leaded Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Aviation Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Diesel Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuel Oil No. 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	New Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Used Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other, Please Specify			
b. Hazardous Substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Principal				
CERCLA Substance				
AND				
Chemical Abstract Service (CAS) No.				
c. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proposed Closure Method (Check Only One)	a. Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Closure-in-Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Change-In-Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial System Closure (Yes or No)				